



National Screening, Brief Intervention & Referral to Treatment

ATTC

Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Screening, Brief Intervention, and Referral to Treatment (SBIRT)

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WELCOME

- Please introduce yourself to the group:
 - Name
 - Current position.
 - General experience.
 - Knowledge of SBIRT.
 - Personal goals for the training.
 - One thing you hope to learn.



Presentation Structure

- Today's Structure:
 - Module 1
 - What and Why
 - Module 2
 - Screening
 - Module 3
 - Brief Intervention
 - Module 4
 - Referral to Treatment





Goals and Objectives

- The goal of this training course is to help participants develop their Substance Use Screening, Brief Intervention, and Referral to Treatment (SBIRT) knowledge, skills, and abilities. At the end of this training participants will be able to:
 - Identify SBIRT as a system change initiative.
 - Compare and contrast the current system with SBIRT.
 - Understand the public health approach.
 - Discuss the need to change how we think about substance use behaviors, problems, and interventions.
 - Understand the information screening does and does not provide.
 - Define brief intervention/brief negotiated interview.
 - Describe the goals of conducting a BI/BNI.
 - Understand the counselor's role in providing BI/BNI.
 - Develop knowledge of Motivational Interviewing techniques as it relates to the SBIRT model.
 - Describe referral to treatment.



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SBIRT

Module One

Re-conceptualizing Our Understanding of Substance Use Problems



A New Initiative

- Substance use screening, brief intervention, and referral to treatment (SBIRT) is a systems change initiative. As such, we are required to shift our view toward a new paradigm, and;
 - Re-conceptualize how we understand substance use problems.
 - Re-define how we identify substance use problems.
 - Re-design how we treat substance use problems.

Substance Use Is



A Public Health Problem



Learning from Public Health

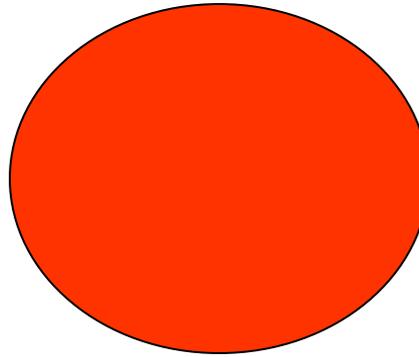
- The public health system of care regularly screens for potential medical problems (cancer, diabetes, hypertension, tuberculosis, vitamin deficiencies, renal function), provides preventative services prior to the onset of acute symptoms, and delays or precludes the development of chronic conditions.



Historically

- Substance Use Services have been bifurcated, focusing on two areas only:
 - Primary Prevention – Precluding or delaying the onset of substance use.
 - Tertiary Treatment – Providing time, cost, and labor intensive care to patients who are acutely or chronically ill with a substance use disorder.

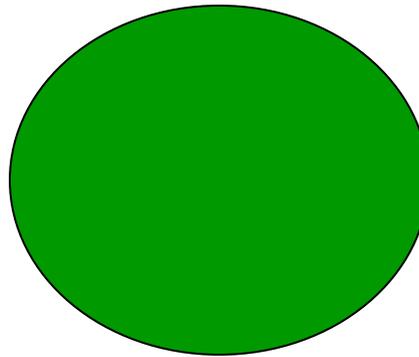
Substance Use Disorder



Traditional Treatment

Abstinence

No Problem



Primary Prevention

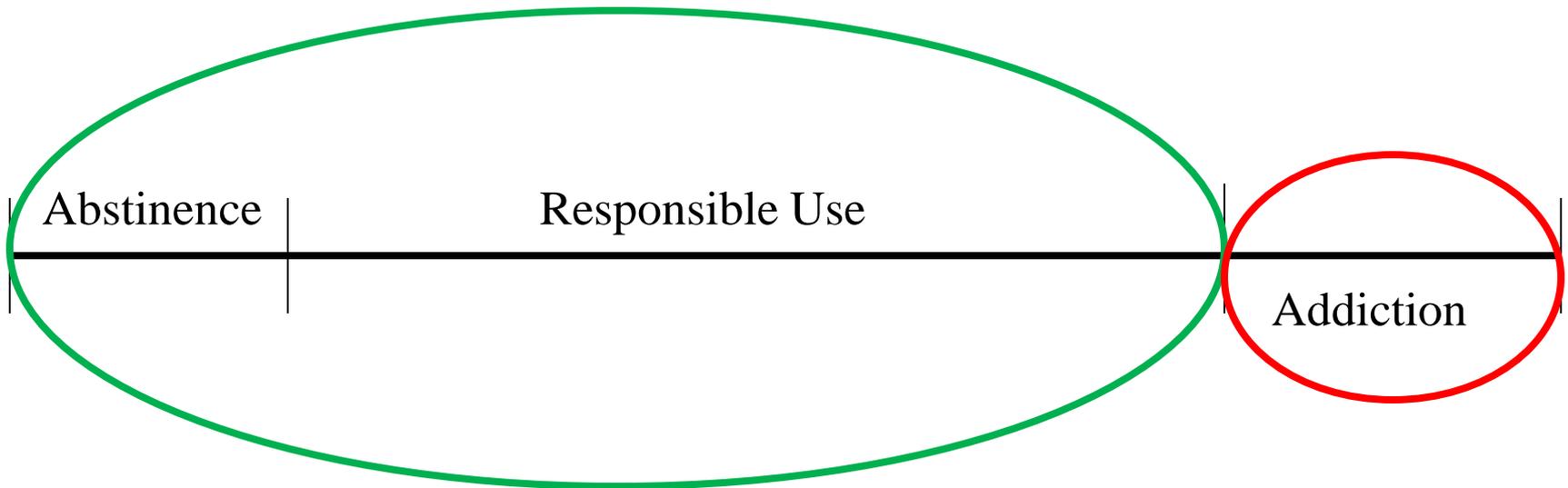
No Intervention

Drink Responsibly



The Current Model

A Continuum of Substance Use





An Outdated Model

- This model (paradigm) of substance use:
 - Fails to recognize a full continuum of substance use behavior.
 - Fails to recognize a full continuum of substance use problems.
 - Fails to provide a full continuum of substance use interventions.

WHY?

**The current model identifies a
substance use problem as...**

Addiction





The SBIRT model identifies a substance use problem as...

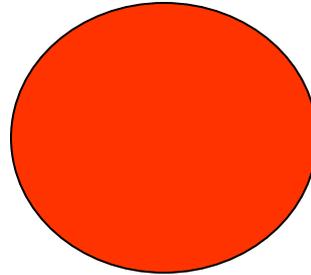
Excessive Use





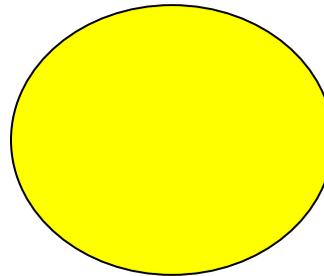
By defining the problem as excessive use the SBIRT model recognizes a full continuum of substance use behavior, a full continuum of substance use problems, and provides a full continuum of substance use interventions. As a result the SBIRT model can provide resources in the area of greatest need.

Substance Use Disorder



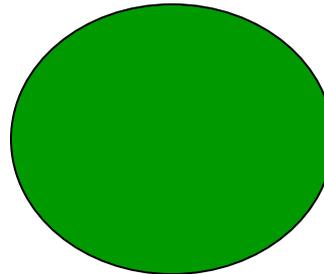
**Traditional Treatment
Abstinence**

Excessive Use



**Brief Intervention
Brief Treatment**

No Problem

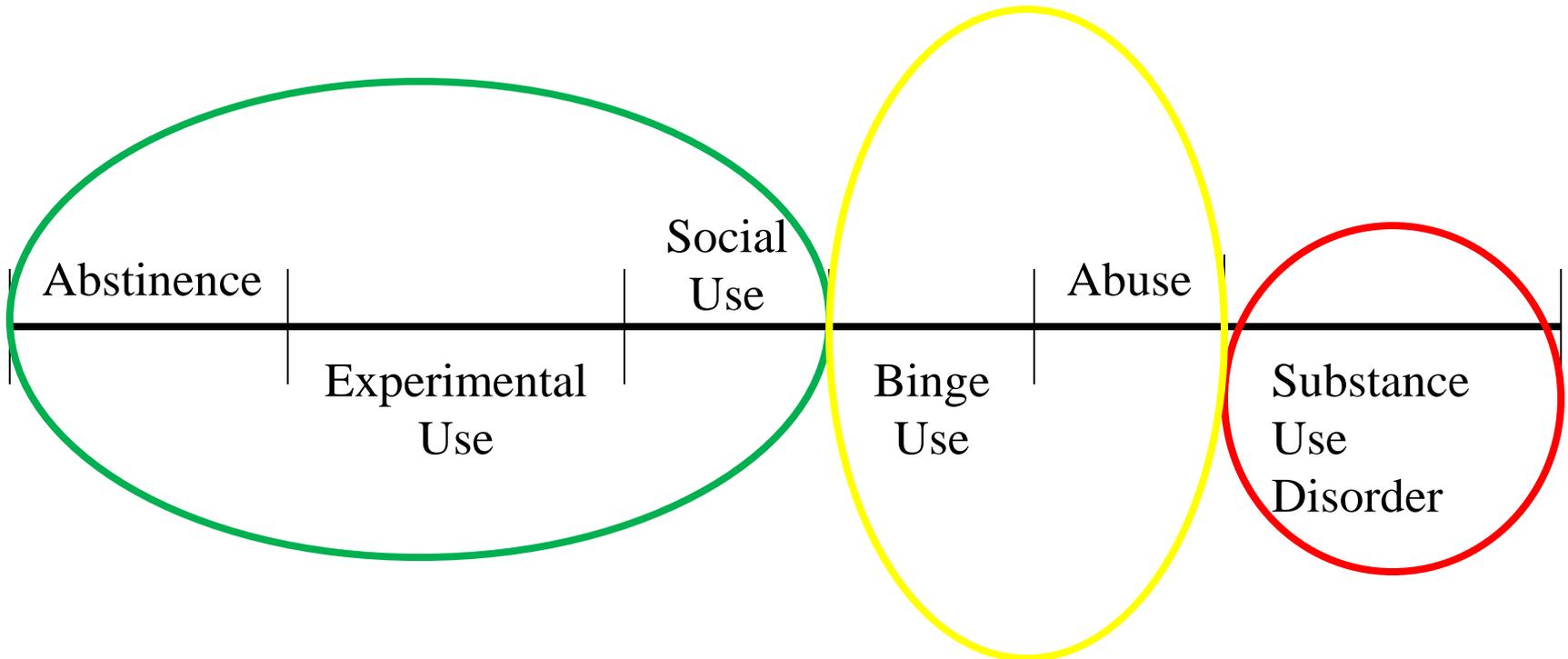


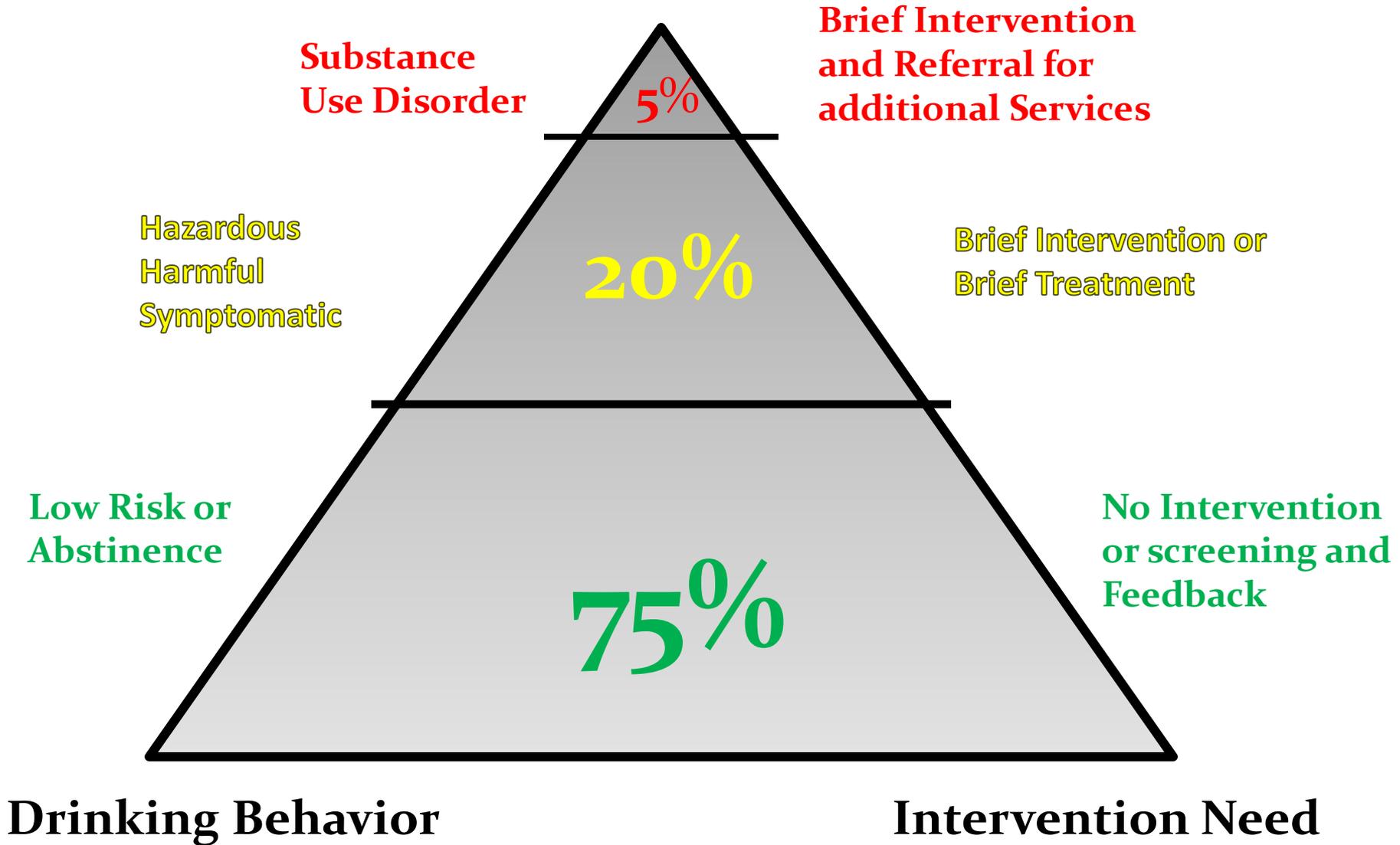
**Primary Prevention
Screening and Feedback
Drink Responsibly**



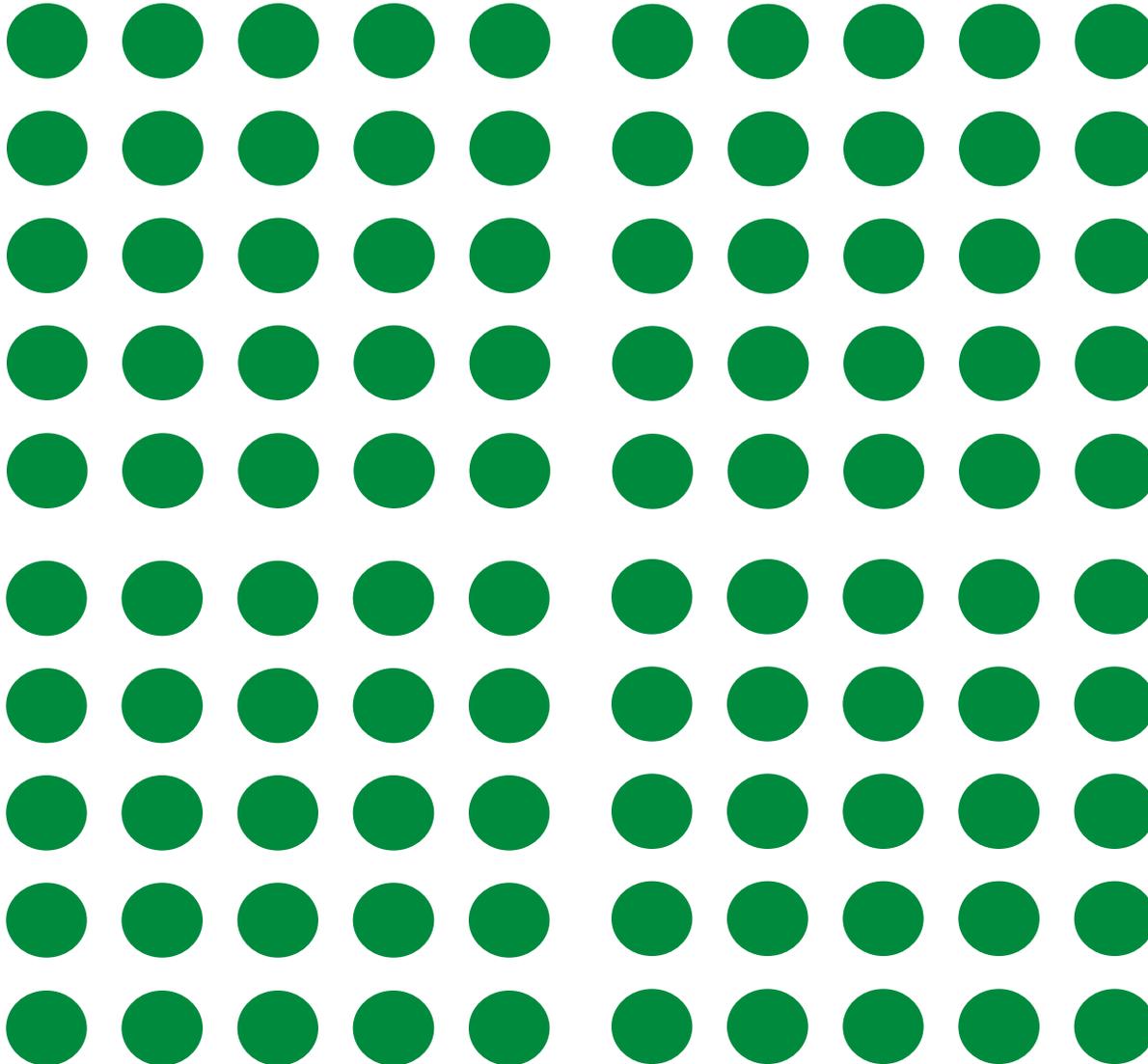
The SBIRT Model

A Continuum of Substance Use



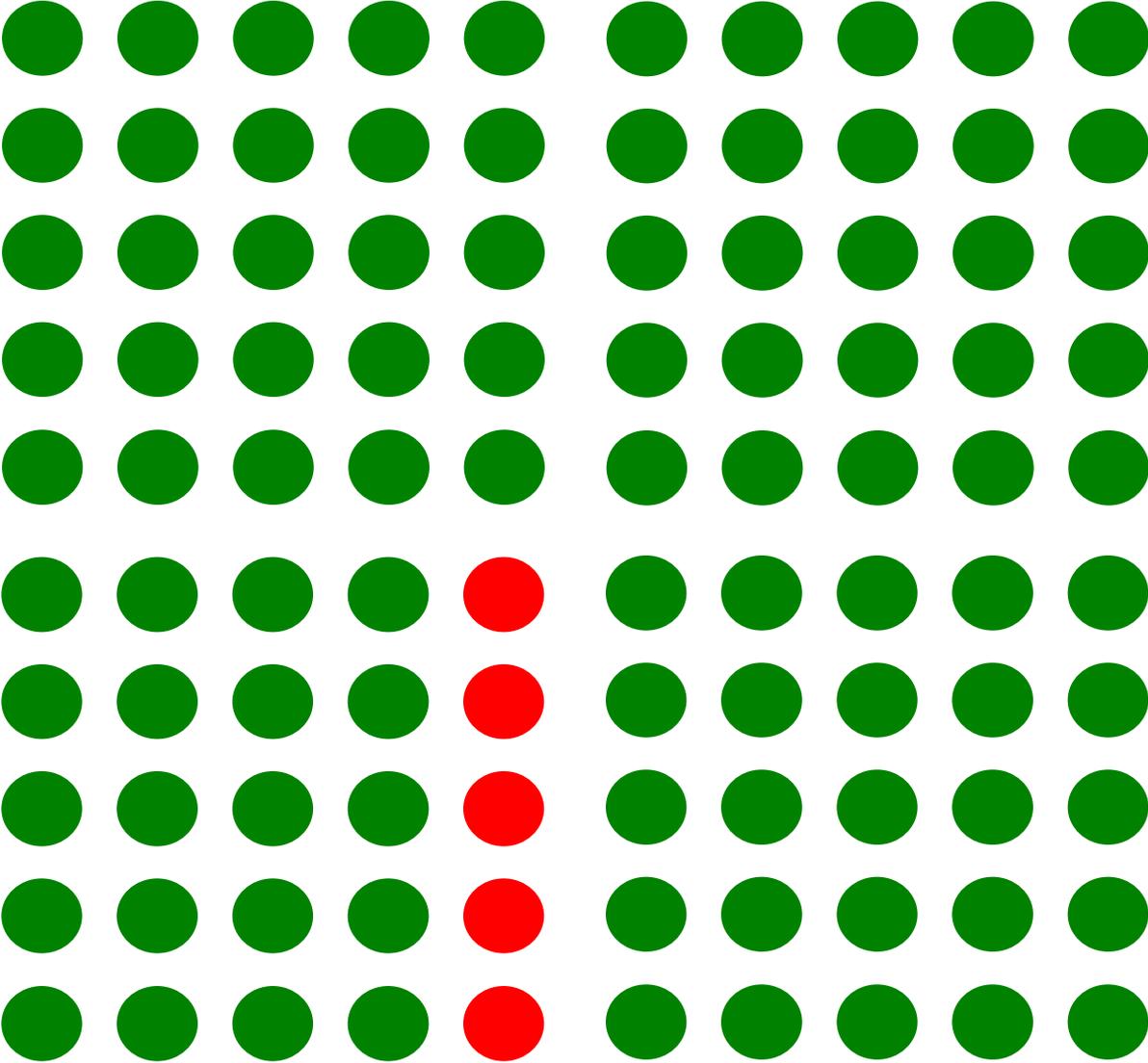


U.S. Population



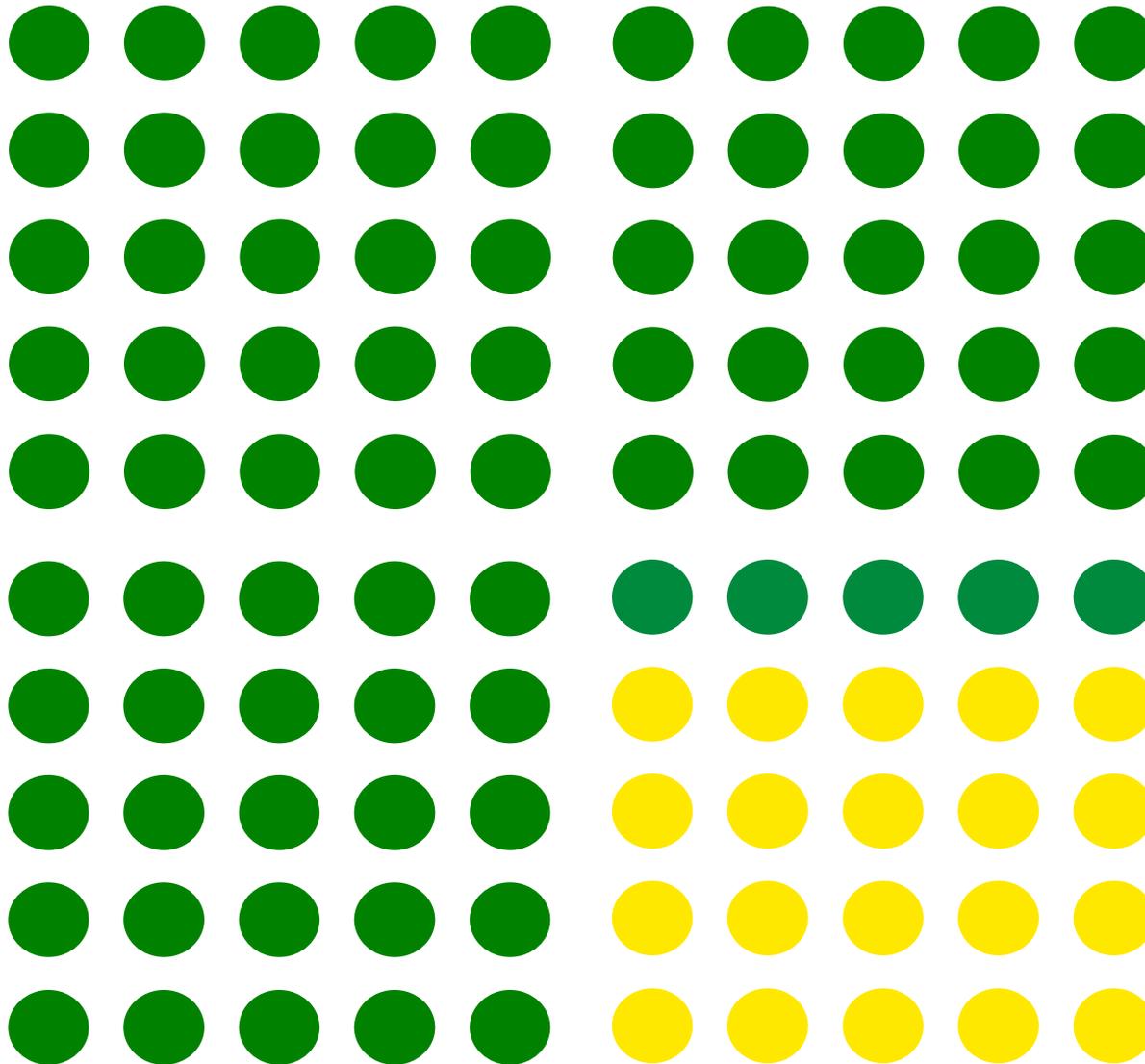
Concept developed by Daniel Hungerford, PhD, Centers for Disease Control and Prevention (Used with Permission).

Substance Use Disorder



Concept developed by Daniel Hungerford, PhD, Centers for Disease Control and Prevention (Used with Permission).

Excessive



Concept developed by Daniel Hungerford, PhD, Centers for Disease Control and Prevention (Used with Permission).



The SBIRT Model

A Continuum of Interventions

- Primary Prevention – Precluding or delaying the onset of substance use.
- Secondary Prevention and Intervention – Providing time, cost, and labor sensitive care to patients who are at risk for psycho-social or healthcare problems related to their substance use choices.
- Tertiary Treatment – Providing time, cost, and labor intensive care to patients who are acutely or chronically ill with a substance use disorder.



Primary Goal

- The primary goal of SBIRT is not to identify those who have a substance use disorder and need further assessment.
- The primary goal of SBIRT is to identify those who are at moderate or high risk for psycho-social or health care problems related to their substance use choices.



NIAAA Definitions

- Low Risk:
 - Healthy Men < 65
≤ 4 drinks per day → AND NOT MORE THAN
14 drinks per week
 - Healthy Women & Men ≥ 65
≤ 3 drinks per day → AND NOT MORE THAN
7 drinks per week
- Hazardous:
 - Pattern that increases risk for adverse consequences.
- Harmful:
 - Negative consequences have already occurred.



The SBIRT Concept

- SBIRT uses a public health approach to universal screening for substance use problems.
 - SBIRT provides:
 - Immediate rule out of non-problem users;
 - Identification of levels of risk;
 - Identification of patients who would benefit from brief advise;
 - Identification of patients who would benefit from further assessment, and;
 - Progressive levels of clinical interventions based on need and motivation for change.



The Moving Parts

- Pre-screening (universal).
- Full screening (for those with a positive pre-screen).
- Brief Intervention (for those scoring over the cut off point).
- Extended Brief Interventions or Brief Treatment or (for those who have moderate risk or high risk use of substances would benefit from ongoing, targeted interventions, and are willing to engage).
- Traditional Treatment (for those who have a substance use disorder (after further assessment) and are willing to engage).



Where can SBIRT be implemented?

- Primary Care
- PCMH/Integrated Care
- Trauma
- Emergency Department
- Hospital Inpatient
- Employee Assistance Programs
- Health Promotion and Wellness Programs
- Occupational Health and Safety, Disability Management
- Colleges/Universities
- Federally Qualified Health Centers
- School-based Health Centers
- Community Mental Health Centers
- Drug Courts, Juvenile Justice
- Dental Clinics
- HIV Clinics
- Peer Assistance Programs
- Faith-based Programs
- Addiction Treatment
- Counseling/Therapy

Others?





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Screening

Module Two

Re-defining the Identification of Substance Use Problems



Screening Does Not Provide

A Diagnosis



Two Levels of Screening

- Universal:
 - Provided to all adult patients.
 - Serves to rule-out patients who are at low or no-risk.
 - Can (should) be done at intake or triage.
 - Positive universal screen = proceed with full screen.
- Targeted:
 - Provided to specific patients (alcohol on breath, positive BAL, suspected alcohol/drug related health problems)
 - Provided to patients who score positive on the universal screen.



Screening Does Provide

- Immediate rule-out of low/no risk users.
- Immediate identification of level of risk.
- A context for a discussion of substance use.
- Information on the level of involvement in substance use.
- Insight into areas where substance use may be problematic.
- Identification of patients who are most likely to benefit from brief intervention.
- Identification of patients who are most likely in need of referral for further assessment.



Validated Screening Tools

- **AUDIT**: Alcohol Use Disorder Identification Test.
- **DAST**: Drug Abuse Screening Test.
- **POSIT**: Problem Oriented Screening Instrument for Teenagers.
- **CRAFFT**: Car, Relax, Alone, Forget, Family or Friends, Trouble (for adolescents).
- **ASSIST**: Alcohol, Smoking, and Substance Abuse Involvement Screening Test.
- **GAIN** or **GAIN-SS**: Global Appraisal of Individual Needs.



A Standard Drink

**12 oz. of
beer or
cooler**



12 oz.

**8-9 oz. of
malt liquor**

8.5 oz. shown in a 12-oz. glass that, if full, would hold about 1.5 standard drinks of malt liquor



8.5 oz

**5 oz. of
table wine**



5 oz.

**3-4 oz. of
fortified
wine**

(such as sherry or port) 3.5 oz. shown



3.5 oz.

**2-3 oz. of
cordial,
liqueur, or
aperitif**

2.5 oz. shown



2.5 oz.

**1.5 oz. of
brandy**
(a single jigger)



1.5 oz.

**1.5 oz. of
spirits**

(a single jigger of 80-proof gin, vodka, whiskey, etc.) Shown straight and in a highball glass with ice to show level before adding mixer



1.5 oz.

Note: People buy many of these drinks in containers that hold multiple standard drinks. For example, malt liquor is often sold in 16-, 22-, or 40 oz. containers that hold between two and five standard drinks, and table wine is typically sold in 25 oz (750 ml.) bottles that hold five standard drinks.



Universal Screening

NIAAA Single Question

- How many times in the past year have you had 5 or more drinks in a day (Men) or 4 (Woman)?

NIDA Single Question

- How many times in the past year have you used illegal drugs or prescription drugs other than how they were prescribed by your physician?



Before Starting

I would like to ask you some personal questions that I ask all my patients. These questions will help me to provide you with the best care possible. As with all medical information your responses are confidential. If you feel uncomfortable just let me know.



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CRAFFT



Administration of the CRAFFT

- Designed to screen adolescents for substance and alcohol use
- The CRAFFT can be used with patients between the ages of 14 and 21
- It takes less than five minutes to complete
- Patients should be informed of their confidentiality rights before the CRAFFT is administered
- Recommended by the American Academy of Pediatrics' Committee on Substance Abuse for use with adolescents.
- The CRAFFT screen has been translated into several languages

The CRAFFT Screening Questions

Please answer all questions honestly; your answers will be kept confidential.

C
R
A
F
F
T

Part A

During the PAST 12 MONTHS, did you:

1. Drink any alcohol (more than a few sips)?

No

Yes

2. Smoke any marijuana or hashish?

3. Use anything else to get high?

"anything else" includes illegal drugs, over the counter and prescription drugs, and things that you sniff or "huff"

If you answered NO to ALL (A1, A2, A3) answer only B1 below, then STOP.

If you answered YES to ANY (A1 to A3), answer B1 to B6 below.

Part B

1. Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?

No

Yes

2. Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?

3. Do you ever use alcohol or drugs while you are by yourself, or ALONE?

4. Do you ever FORGET things you did while using alcohol or drugs?

5. Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?

6. Have you ever gotten into TROUBLE while you were using alcohol or drugs?

CONFIDENTIALITY NOTICE:

The information on this page may be protected by special federal confidentiality rules (42 CFR Part 2), which prohibit disclosure of this information unless authorized by specific written consent. A general authorization for release of medical information is NOT sufficient.



Interpreting the Screening Results

If the adolescent answers “No” to all 3 opening questions, they only need to answer the first question—the CAR question. If the adolescent answers “Yes” to any 1 or more of the 3 opening questions, they have to answer all 6 CRAFFT questions.

<p>NO to all 3 opening questions and NO to CAR question.</p> <p>Give praise, encouragement, and advise to avoid riding with an intoxicated driver. At next regular visit, ask how this is going. (1-2 minutes)</p>	<p>NO to all 3 opening questions and YES to CAR question.</p> <p>Ask patient to agree to avoid riding with a driver who has used drugs or alcohol. (1-2 minutes)</p>	<p>YES to any opening question.</p> <p>Look at the patient’s overall CRAFFT score. (each “Yes” = 1)</p>	<p>CRAFFT Score = 0 or 1</p> <p>If Yes to CAR question: Ask patient to agree to “avoid riding with a driver who has used drugs or alcohol. (1-2 minutes)</p> <p>If Yes to any other question except the CAR question: Counsel patient to stop using substances.</p> <p>Provide brief advice linking substance use to undesirable health, academic, and social consequences.</p> <p>Follow up at next visit. (2-5 minutes)</p>	<p>CRAFFT Score = ≥ 2</p> <p>Conduct brief assessment of substance use to understand whether disorder exists. (<15 minutes)</p> <p>Assessment questions</p> <ol style="list-style-type: none">1. Tell me about your alcohol/substance use.2. Has it caused you any problems?3. Have you tried to quit? Why? <p>See box at left.</p>
<p>Are there no major problems AND patient believes he/she will be successful in making a change?</p> <p>NO to Both: Consider making a referral to an allied health professional or treatment program. Ask youth to agree to avoid riding with a driver who has used substances. Make a follow-up appointment.</p> <p>YES to Both: Express concern, caring and empathy. Ask patient to stop using and avoid riding with a driver who has used substances, and agree to sign an <i>Abstinence Challenge</i>. Make a follow-up appointment. At follow-up visit, confirm whether patient stopped using.</p>				



Adolescent CRAFFT Screening





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AUDIT



Full Screen AUDIT (Alcohol Use Disorders Identification Test)

- Benefits:
 - Created by the World Health Organization.
 - Comprised of 10 multiple choice questions.
 - Simple scoring and interpretation.
 - Provides 4 zones of risk and intervention based on score.
 - Valid and reliable across different cultures.
 - Available in numerous languages.
- Limitations:
 - Addresses alcohol only.

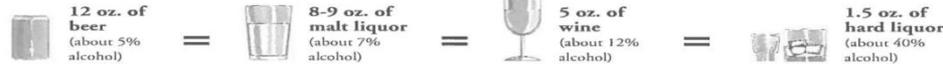


AUDIT

PATIENT: Because alcohol use can affect your health and can interfere with certain medications and treatments, it is important that we ask some questions about your use of alcohol. Your answers will remain confidential, so please be honest.

For each question in the chart below, place an X in one box that best describes your answer.

NOTE: In the U.S., a single drink serving contains about 14 grams of ethanol or "pure" alcohol. Although the drinks below are different sizes, each one contains the same amount of pure alcohol and counts as a single drink:



Questions	0	1	2	3	4	
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2 to 4 times a month	2 to 3 times a week	4 or more times a week	
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more	
3. How often do you have 5 or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year	
					Total	

Note: This questionnaire (the AUDIT) is reprinted with permission from the World Health Organization. To reflect drink serving sizes in the United States (14g of pure alcohol), the number of drinks in question 3 was changed from 6 to 5. A free AUDIT manual with guidelines for use in primary care settings is available online at www.uho.org.



AUDIT Scores and Zones

Score	Risk Level	Intervention
0-7	Zone 1: Low Risk Use	Alcohol education to support low-risk use – provide brief advice
8-15	Zone 2: At Risk Use	Brief Intervention (BI), provide advice focused on reducing hazardous drinking
16-19	Zone 3: High Risk Use	BI/EBI – Brief Intervention and/or Extended Brief Intervention with possible referral to treatment
20-40	Zone 4: Very High Risk, Probable Substance Use Disorder	Refer to specialist for diagnostic evaluation and treatment



Audit Screening





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DAST



Full Screen DAST – 10

- Benefits:
 - Comprised of 10 multiple choice questions.
 - Simple scoring and interpretation.
 - Provides 4 levels of risk and intervention based on score.
- Limitations:
 - Addresses other drugs only.



Drug Abuse Screening Test

- Ten Questions.
- Yes/No Format.
- Drug Specific.
- Provides information on level of use.
- Provides misuse and symptoms of SUD.
- Preface: In the past 12 months.....



SCREENING | Drug Abuse Screening Test (DAST-10)

Using drugs can affect your health and some medications you may take. Please help us provide you with the best medical care by answering the questions below.

Drugs include marijuana, solvents like paint thinners, tranquilizers like Valium, barbiturates, cocaine, stimulants like speed, hallucinogens such as LSD, or narcotics like heroin. Drug use also includes using prescription or over-the-counter medications more than directed.

In the past 12 months...	YES	NO
DA1. Have you used drugs other than those required for medical reasons?	<input type="radio"/>	<input type="radio"/>
DA2. Do you abuse more than one drug at a time?	<input type="radio"/>	<input type="radio"/>
DA3. Are you unable to stop using drugs when you want to?	<input type="radio"/>	<input type="radio"/>
DA4. Have you ever had blackouts or flashbacks as a result of drug use?	<input type="radio"/>	<input type="radio"/>
DA5. Do you ever feel bad or guilty about your drug use?	<input type="radio"/>	<input type="radio"/>
DA6. Does your spouse (or parents) ever complain about your involvement with drugs?	<input type="radio"/>	<input type="radio"/>
DA7. Have you neglected your family because of your use of drugs?	<input type="radio"/>	<input type="radio"/>
DA8. Have you engaged in illegal activities in order to obtain drugs?	<input type="radio"/>	<input type="radio"/>
DA9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	<input type="radio"/>	<input type="radio"/>
DA10. Have you had medical problems as a result of your drug use (such as: memory loss, hepatitis, convulsions, or bleeding)?	<input type="radio"/>	<input type="radio"/>
Score 1 point for each question answered "Yes".	TOTAL	



DAST-10 Scores and Zones

Score	Risk Level	Intervention
0	Zone 1: No risk	Simple advice: Congratulations this means you are abstaining from excessive use of prescribed or over-the-counter medications, illegal or non-medical drugs.
1-2	Zone 2: At Risk Use - “low level” of problem drug use	Brief Intervention (BI). You are at risk. Even though you may not be currently suffering or causing harm to yourself or others, you are at risk of chronic health or behavior problems because of using drugs or medications in excess; and continued monitoring
3-5	Zone 3: “intermediate level”	Extended BI (EBI) and RT – your score indicates you are at an “intermediate level” of problem drug use. Talk with a professional and find out what services are available to help you to decide what approach is best to help you to effectively change this pattern of behavior.
6-10	Zone 4: Very High Risk, Probable Substance Use Disorder	EBI/RT- considered to be at a “substantial to severe level” of problem drug use. Refer to specialist for diagnostic evaluation and treatment.



Practice Skills - AUDIT

Form Dyads:

- Provider
- Patient





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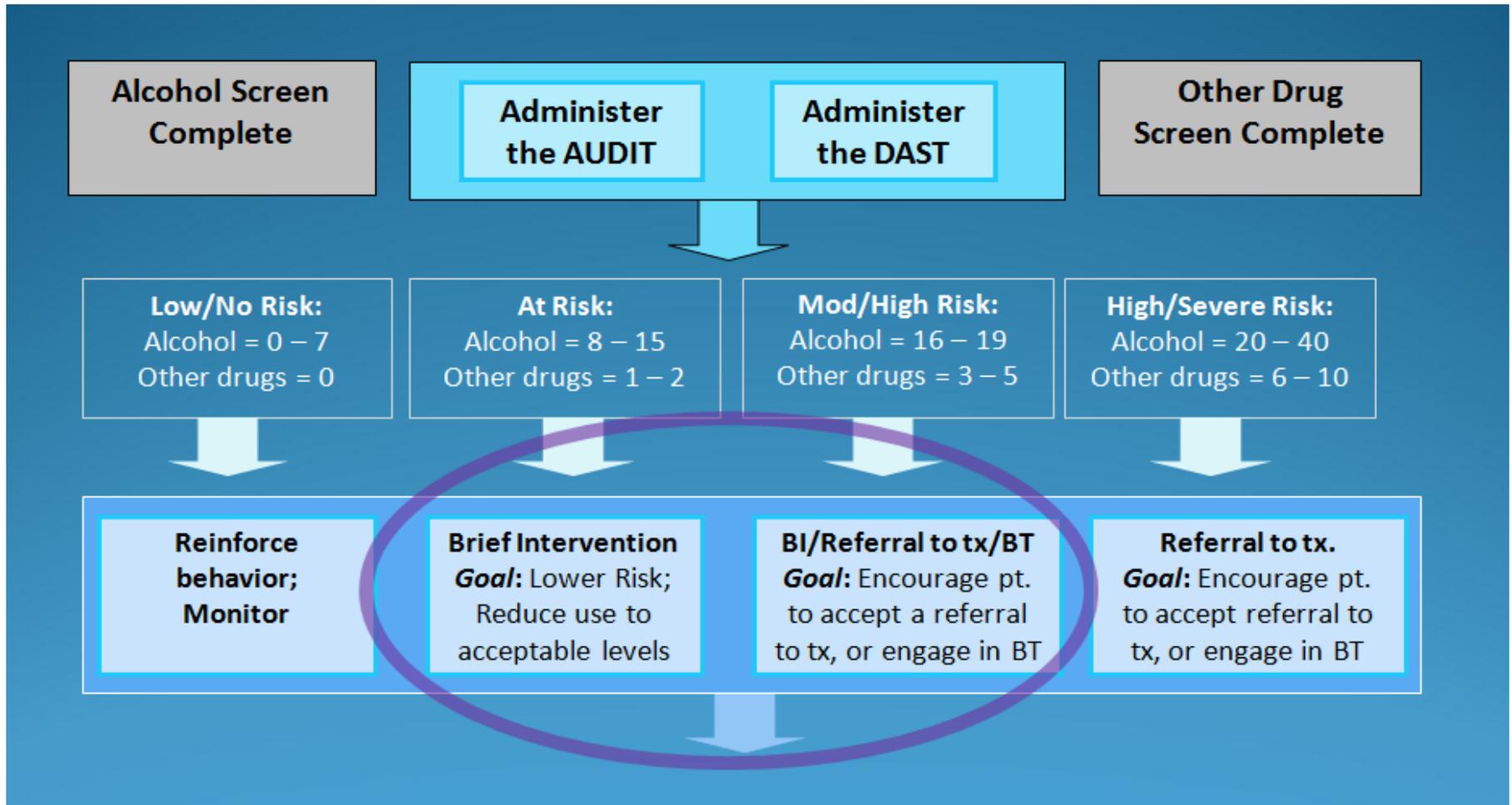
Brief Intervention (BI) Motivational Interviewing BI options

Module Three

**Re-designing How We Treat Substance Use
Problems**



SBIRT Decision Tree





What is BI/BNI?

A Brief Intervention or Brief Negotiated Interview is a **time** limited, **individual** conversation or health consultation.



What are the Goals of BI/BNI?

- The general goal of a BI/BNI is to:
 - Educate the patient on safe levels of substance use.
 - Increase the patients awareness of the consequences of substance use.
 - Motivate the patient towards changing substance use behavior.
 - Assist the patient in making choices that reduce their risk of substance use problems.
- The goals of a BI are fluid and are dependent on a variety of factors including:
 - The patients screening score.
 - The patients readiness to change.
 - The patients specific needs.



What is Your Role?

- Provide feedback about the screening results.
- Offer information on low-risk substance use, the link between substance use and other lifestyle or healthcare related problems.
- Understand the client's viewpoint regarding their substance use.
- Explore a menu of options for change.
- Assist the patient in making new decisions regarding their substance use.
- Support the patient in making changes in their substance use behavior.
- Give advice if requested.



Ask Yourself

Who has the best idea in the room?

The Patient

WHERE DO I START?

What you do depends on where the patient is in the process of changing.

The first step is to be able to **identify where the patient is coming from.**

Stages of Change: Intervention Matching Guide

1. Pre-contemplation

- Offer **factual** information
- Explore the **meaning of events** that brought the person to treatment
- Explore **results of previous efforts**
- Explore **pros and cons** of targeted behaviors

2. Contemplation

- Explore the person's **sense of self-efficacy**
- Explore **expectations** regarding what the change will entail
- **Summarize** self-motivational statements
- Continue exploration of **pros and cons**

3. Determination

- Offer a **menu of options** for change
- Help identify **pros and cons** of various change options
- Identify and **lower barriers** to change
- Help person **enlist social support**
- Encourage person to **publicly announce plans** to change

4. Action

- Support a **realistic view** of change through **small steps**
- Help **identify high-risk situations** and develop **coping strategies**
- Assist in **finding new reinforcers** of positive change
- Help access family and social **support**

5. Maintenance

- Help identify and try **alternative behaviors** (drug-free sources of pleasure)
- Maintain **supportive contact**
- Help **develop escape plan**
- Work to **set new** short and long term **goals**

6. Recurrence

- Frame recurrence as a **learning opportunity**
- Explore possible behavioral, psychological, and social **antecedents**
- Help to develop **alternative** coping strategies
- Explain Stages of Change & encourage person to **stay in the process**
- Maintain **supportive** contact

**“PEOPLE ARE BETTER PERSUADED BY
THE REASONS THEY THEMSELVES
DISCOVERED THAN THOSE THAT
COME INTO THE MINDS OF OTHERS”**

BLAISE PASCAL

AMBIVALENCE

All change contains an element of ambivalence.

We “want to change and don’t want to change”

Patients’ ambivalence about change is the “meat” of the brief intervention.





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Motivational Interviewing



Motivational Interviewing

Motivational Interviewing is a person-centered, evidence-based, goal-oriented method for enhancing intrinsic motivation to change by exploring and resolving ambivalence with the individual.



Why Motivation

- Research has shown that motivation-enhancing approaches are associated with greater participation in treatment and positive treatment outcomes.

(Landry, 1996; Miller et al., 1995a)

- A positive attitude and commitment to change are also associated with positive outcomes.

(Miller and Tonigan, 1996)

(Prochaska and DiClemente, 1992)



Motivational Interviewing

- Is focused on competency and strength:
 - Motivational Interviewing affirms the client, emphasizes free choice, supports self efficacy, and encourages optimism that changes can be made.
- Is individualized and client centered:
 - Research indicates that positive outcomes are associated with flexible program policies and focus on individual needs (Inciardi et al., 1993).
- Does not label:
 - Motivational Interviewing avoids using names, especially with those who may not agree with a diagnosis or don't see a specific behavior as problematic.



Motivational Interviewing

- Creates therapeutic partnerships:
 - Motivational Interviewing encourages an active partnership where the client and counselor work together to establish treatment goals and develop strategies.
- Uses empathy not authority:
 - Research indicates that positive outcomes are related to empathy and warm and supportive listening.
- Focuses on less intensive treatment:
 - Motivational Interviewing places an emphasis on less intensive, but equally effective care, especially for those whose use is problematic or risky but not yet serious.



Goal of MI

- To create and amplify discrepancy between present behavior and broader goals.

How?

- Create cognitive dissonance between where one is and where one wants to be.



The MI Shift

From feeling responsible for changing patients' behavior to supporting them in thinking & talking about their own reasons and means for behavior change.



Example of Practitioner who is not using MI





MI Tools

- DARN CAT
- OARS
- EARS

Types of Change Talk

- **Desire:** I want to.... I'd really like to....I wish....
- **Ability:** I would....I can....I am able to....I could....
- **Reason:** There are good reasons to....This is important....
- **Need:** I really need to....
- **Commitment:** I intend to....I will....I plan to....
- **Activation:** I'm doing this today....
- **Taking Steps:** I went to my first group....



Eliciting Change Talk

- Attending Skills
- Open-ended Questions
- Affirmation
- Reflective Listening
- Summary
- Eliciting Change Talk



Responding to Change Talk

- **E**: Elaborating - asking for more detail, in what ways, an example, etc.
- **A**: Affirming – commenting positively on the person’s statement .
- **R**: Reflecting – continuing the paragraph, etc.
- **S**: Summarizing – collecting bouquets of change talk.



Other MI Tools



- Repeating:
 - *Patient:* I don't want to quit smoking.
 - *Counselor:* You don't want to quit smoking.
- Rephrasing:
 - *Patient:* I really want to quit smoking.
 - *Counselor:* Quitting smoking is very important to you.
- Altered/Amplified:
 - *Patient:* My smoking isn't that bad.
 - *Counselor:* There's no reason at all for you to be concerned about your smoking. (*Note:* it is important to have a genuine, not sarcastic, tone of voice).
- Double-Sided:
 - *Patient:* Smoking helps me reduce stress.
 - *Counselor:* On the one hand, smoking helps you to reduce stress. On the other hand, you said previously that it also causes you stress because you have a hacking cough, have to smoke outside, and spend money on cigarettes.



- Metaphor:
 - *Patient:* Everyone keeps telling me I have a drinking problem, and I don't feel it's that bad.
 - *Counselor:* It's kind of like everyone is pecking on you about your drinking, like a flock of crows pecking away at you.
- Shifting Focus:
 - *Patient:* What do you know about quitting? You probably never smoked.
 - *Counselor:* It's hard to imagine how I could possibly understand.
- Reframing:
 - *Patient:* I've tried to quit and failed so many times.
 - *Counselor:* You are persistent, even in the face of discouragement. This change must be really important to you.



Importance Ruler

- On a scale of 1-10 how important is it for you to change your drinking, drug use, substance use?
- Why not a lower number?
- What would it take to move to a higher number?

1 2 3 4 5 6 7 8 9 10



IMPORTANCE



Readiness Ruler

- On a scale of 1-10 how ready are you to make a change in your drinking, drug use, substance use?
- Why not a lower number?
- Why would it take to move it to a higher number?





Confidence Ruler

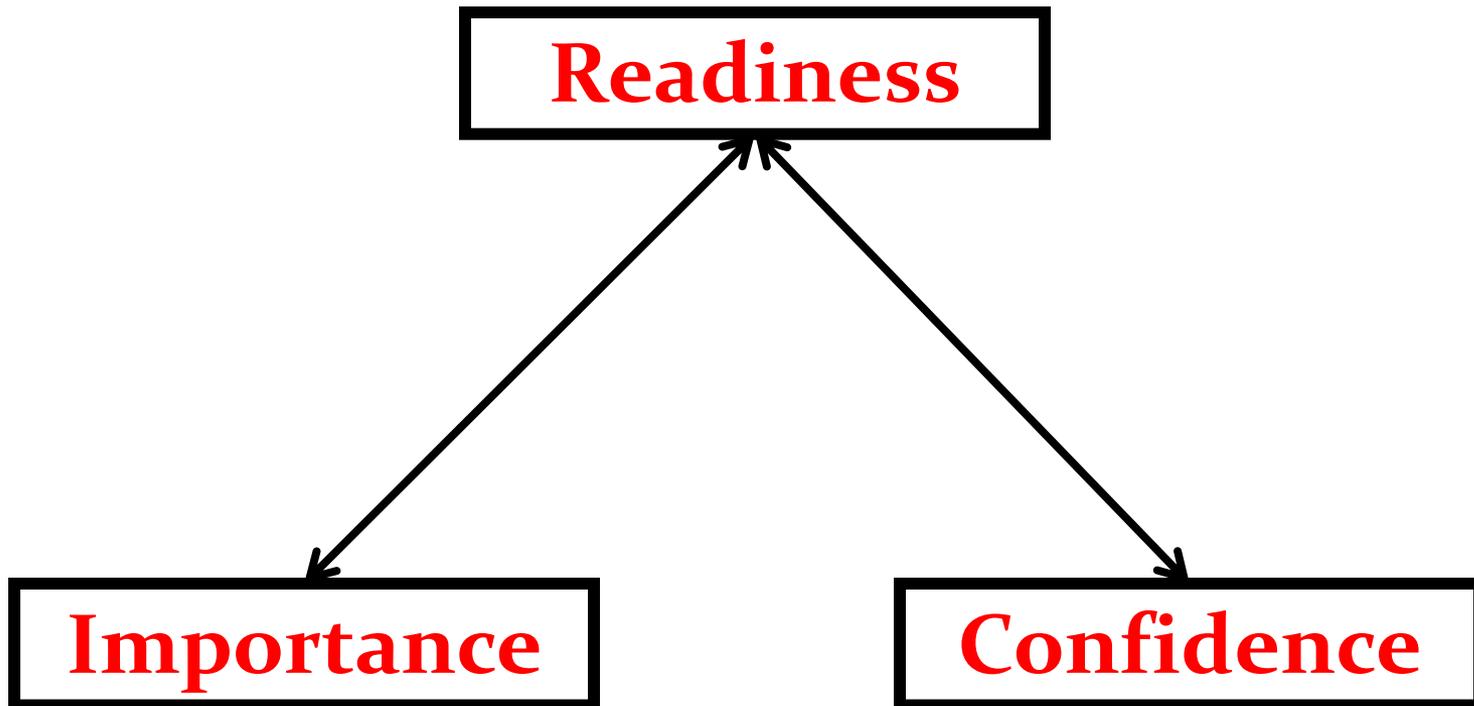
- On a scale of 1-10 how confident are you that you could change your drinking, drug use, substance use?
- Why not a lower number?
- Why would it take to move it to a higher number?

1 2 3 4 5 6 7 8 9 10



CONFIDENCE

The Keys to Readiness





Example of practitioner using MI





- How willing do you think this patient will be to change his/her use or decrease her risk as a result of this intervention?

1 2 3 4 5 6 7 8 9 10

Not Willing

Very Willing



Zingers

- Push back, Resistance, Denial, Excuses:
 - Look, I don't have a drinking problem.
 - My dad was an alcoholic; I'm not like him.
 - I can quit anytime I want to.
 - I just like the taste.
 - That's all there is to do in Montana!!!!



Handling Zingers

- I'm not going to push you to change anything you don't want to change
- I'm not here to convince you that you have a problem/are an alcoholic.
- I'd just like to give you some information.
- I'd really like to hear your thoughts about....
- What you decide to do is up to you.



National Screening, Brief Intervention & Referral to Treatment

ATTC

Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Brief Intervention for Patients at Risk for Substance Use Problems



Two More Examples





The 4 Steps of a BNI



- 1) Raise The Subject**
- 2) Provide Feedback**
- 3) Enhance Motivation**
- 4) Negotiate And Advise**



Step 1: Raise the Subject

Key Components

- Be respectful
- Ask permission to discuss use
- Avoid arguing or being confrontational

Key Objectives

- Establish rapport
- Raise the subject



Step 2: Provide Feedback

What you need to cover.

1. Ask permission; explain how the screen is scored
2. Range of scores and context
3. Screening results
4. Interpretation of results (e.g., risk level)
5. Substance use norms in population
6. Patient feedback about results



Feedback

What do you say?

- **Range of score and context** - Scores on the AUDIT range from 0-40. Most people who are social drinkers score less than 8.
- **Results** - Your score was 18 on the alcohol screen.
- **Interpretation of results** - 18 puts you in the high risk range. At this level, your use is putting you at risk for a variety of health issues and other negative consequences.
- **Norms** - A score of 18 means that your drinking is higher than 70% of the U.S. adult population.
- **Patient reaction/feedback** - What do you make of this?



The Feedback Sandwich



Ask Permission

Give Feedback

Ask for Response



Feedback

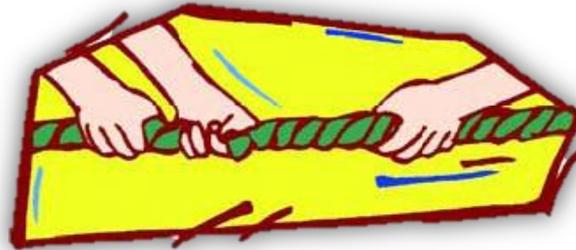
Handling Resistance

- Look, I don't have a drug problem.
- My dad was an alcoholic; I'm not like him.
- I can quit using anytime I want to.
- I just like the taste.
- Everybody drinks.
- **What would you say?**



Feedback

To avoid this...



LET GO!!!



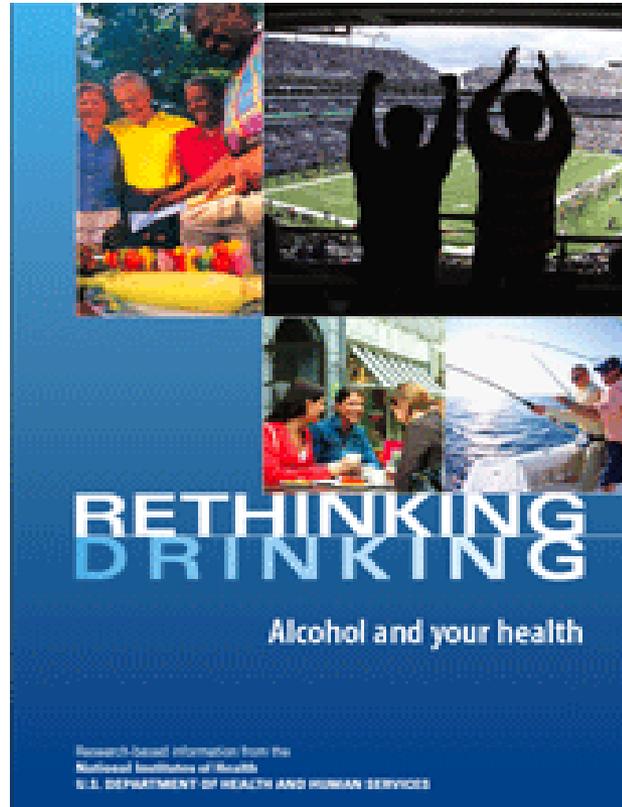
Feedback

Easy Ways to Let Go

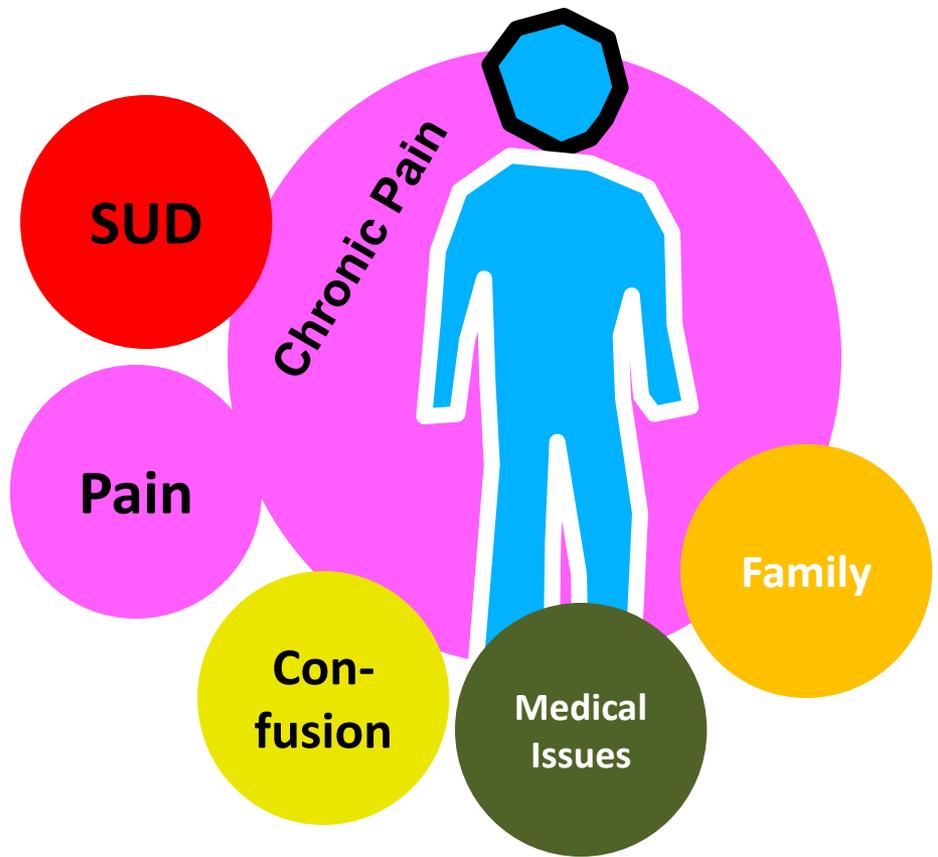
- I'm not going to push you to change anything you don't want to change.
- I'm not here to convince you that you have a problem/are an alcoholic.
- I'd just like to give you some information.
- I'd really like to hear your thoughts about...
- What you decide to do is up to you.



Informational Brochures



National Institute on Alcohol Abuse and Alcoholism. (2013). Rethinking Drinking: Alcohol and your health (NIH Publication No. 10-3770)
www.rethinkingdrinking.niaaa.nih.gov



SUD



Feedback

Finding a Hook

- Ask the patient about their concerns
- Provide non-judgmental feedback/information
- Watch for signs of discomfort with status quo or interest or ability to change
- **Always ask this question: “What role, if any, do you think alcohol played in your (getting injured)?”**
- Let the patient decide.
- Just asking the question is helpful.



Role Play

Lets practice **Feedback:**

- Give Feedback Using Completed Screening Tools
- Establish rapport
- Raise the subject
- Give feedback results
- Express concern
- Substance use norms in population
- Elicit patient feedback about the feedback



AUDIT Scores and Zones

Score	Risk Level	Intervention
0-7	Zone 1: Low Risk Use	Alcohol education to support low-risk use – provide brief advice
8-15	Zone 2: At Risk Use	Brief Intervention (BI), provide advice focused on reducing hazardous drinking
16-19	Zone 3: High Risk Use	BI/EBI – Brief Intervention and/or Extended Brief Intervention with possible referral to treatment
20-40	Zone 4: Very High Risk, Probable Substance Use Disorder	Refer to specialist for diagnostic evaluation and treatment



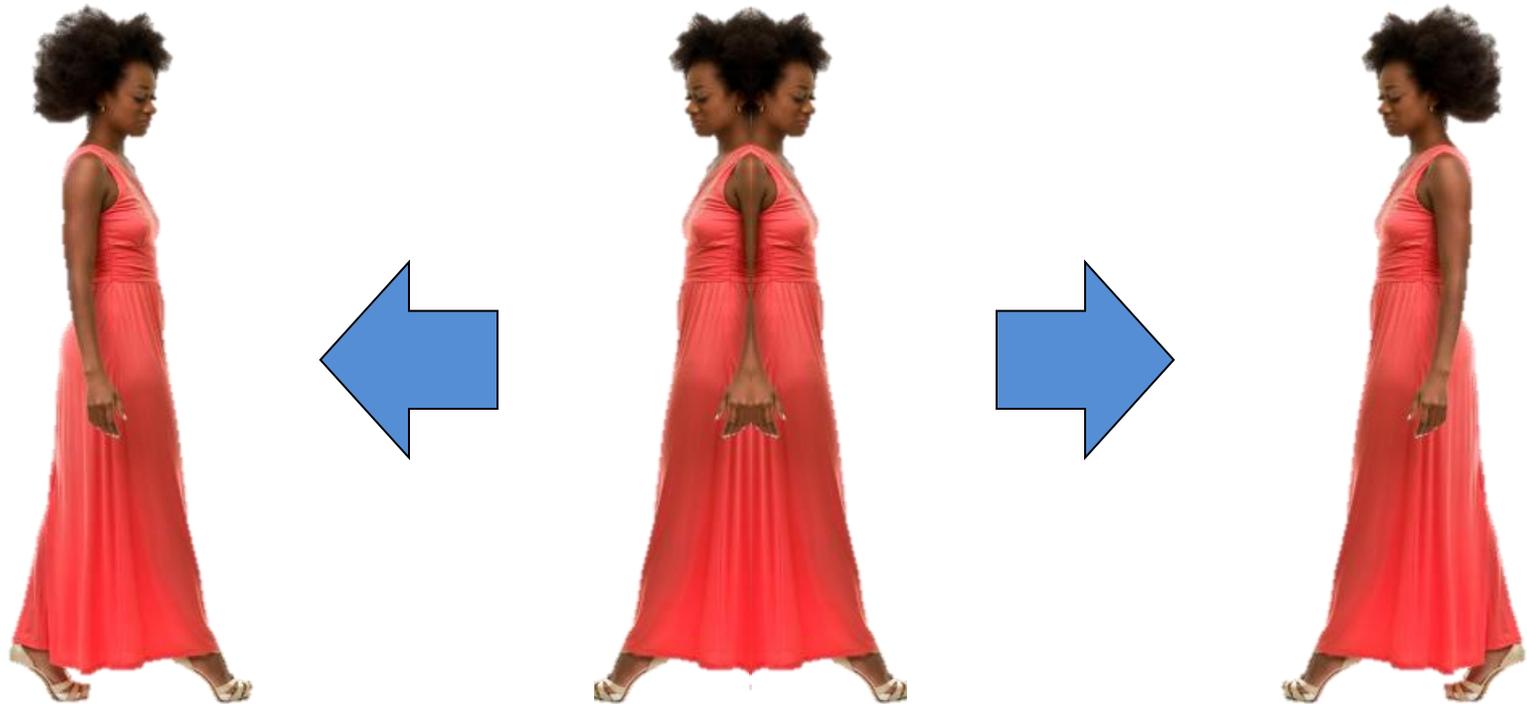
Step 3: Enhancing Motivation

Critical components:

- Develop discrepancy
- Reflective listening
- Open-ended questions
- Assess readiness to change



Enhancing Motivation



Ambivalence is **Normal**



Enhance Motivation

- **Importance/Confidence/Readiness**
- On a scale of 1–10:
 - How important is it for you to change your drinking?
 - How confident are you that you can change your drinking?
 - How ready are you to change your drinking?
- For each ask:
 - Why didn't you give it a lower number?
 - What would it take to raise that number?





Enhance Motivation

- Strategies for Weighing the Pros and Cons
- What do you like about drinking?
- What do you see as the downside of drinking?
- What else?
- Summarize Both Pros and Cons
- “On the one hand you said..,
- and on the other you said....”



Dig for Change Talk

- I'd like to hear your opinions about...
- What might you enjoy about...
- If you decided to _____ how would you do it?
- What are some things that bother you about using?
- What role do you think _____ played in your _____?
- How would you like your drinking/using to be 5 years from now?
- What do you need to do in order to _____?



Listen to Understand Dilemma. Don't Give Advice.

- Ask:
- Why do you want to make this change?
- What abilities do you have that make it possible to make this change if you decided to do so?
- Why do you think you should make this change?
- What are the 3 best reasons for you to do it?
- Give short summary/reflection of speaker's motivation for change
- Then ask: "So what do you think you'll do?"



Role Play

- Let's practice **Enhance Motivation:**
- Using Completed Screening Tool
- Importance/Confidence/Readiness Scales
- Pros and Cons
- Develop Discrepancy
- Dig for Change Talk
- Summarize



Step 4: Negotiate and Advise

- **Critical components:**
- Negotiate a plan on how to cut back and/or reduce harm
- Direct advice
- Provide patient health information
- Follow-up



Negotiate and Advise

The Advice Sandwich



Ask Permission

Give Advice

Ask for Response



Negotiate and Advise

- What now?
- What do you think you will do?
- What changes are you thinking about making?
- What do you see as your options?
- Where do we go from here?
- What happens next?



Negotiate and Advise

- You can also explore previous strengths, resources, and successes
- Have you stopped drinking/using drugs before?
- What personal strengths allowed you to do it?
- Who helped you and what did you do?
- Have you made other kinds of changes successfully in the past?
- How did you accomplish these things



Negotiate and Advise

- Offer a Menu of Options
- Manage drinking/use (cut down to low-risk limits)
- Eliminate your drinking/drug use (quit)
- Never drink and drive (reduce harm)
- Utterly nothing (no change)
- Seek help (refer to treatment)



Negotiate and Advise

- **Giving Advice Without Telling Someone What to Do**
- Provide Clear Information (Advice or Feedback)
- What happens to some people is that...
- My recommendation would be that...
- Elicit their reaction
- What do you think?
- What are your thoughts?



Negotiate and Advise

- Closing the Conversation (“SEW”)
- Summarize patients views (especially the pro)
- Encourage them to share their views
- What agreement was reached (repeat it)



Role Play

- Let's practice **Negotiate and Advise**
- Ask about next steps, offer menu of options
- Offer advice
- Summarize patient's views
- Repeat what patient agrees to do



Role play: Putting It All Together

1. **Raise The Subject**

Establish rapport
Raise the subject

2. **Provide Feedback**

- Provide screening results
- Relate to norms
 - Get their reaction

3. **Enhance Motivation**

Assess readiness
Develop discrepancy
Dig for Change

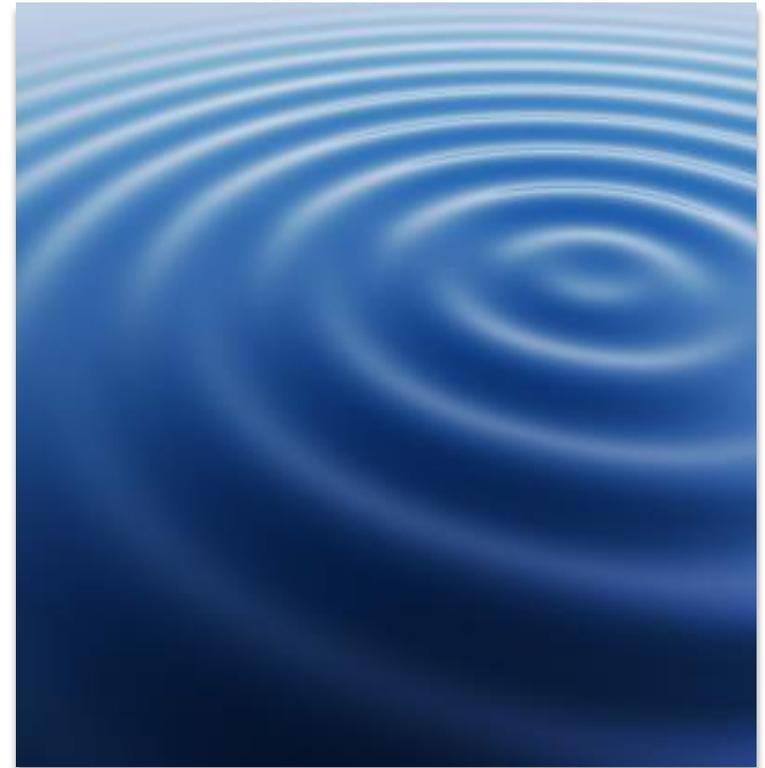
4. **Negotiate and Advise**

Menu of Options
Offer advise



The FRAMES Model

- **Feedback**
- **Responsibility**
- **Advice**
- **Menu of options**
- **Empathy**
- **Self efficacy**





Feedback

The Feedback Sandwich



Ask Permission

Give Feedback

Ask for Response



Feedback

What do you say?

1. **Range of score and context** (Using an AUDIT score as an example)- Scores on the AUDIT range from 0-40. Most people who are social drinkers score less than 8.

Results - Your score was 18 on the alcohol screen.

3. **Interpretation of results** - 18 puts you in the moderate-to-high risk range. At this level, your use is putting you at risk for a variety of health issues.
4. **Norms** - A score of 18 means that your drinking is higher than 75% of the U.S. adult population.
5. **Patient reaction/feedback** - What do you make of this?



Responsibility

- Once you have given the feedback, let the patient decide where to go with it.
- Remember that it's the patients responsibility to make choices about their substance use
- Your responsibility is to create an opportunity for the patient to discuss their substance use in a non-threatening, non-judgmental environment



Advice

The Advice Sandwich



Ask Permission

Give Advice

Ask for Response



Advice

- Ask the patient if he/she is open to hearing your recommendations
- Offer advice from your professional perspective
- Elicit the patient's response



Menu of Alternative Change Options

- You can consider these ideas:
- Manage your drinking (cut down to low risk limits)
- Eliminate your drinking (Quit)
- Never drink and drive (Reduce Harm)
- Nothing (no change)
- Seek help (referral for treatment)



Empathy

- A consistent component of effective brief interventions is a warm, reflective, empathic and understanding approach by the person delivering the intervention.
- Use of a warm, empathic style is a significant factor in the patient's response to the intervention and leads to reduced substance use at follow up





Self-Efficacy (Self-Confidence for Change)

- Self-efficacy has been described as the belief that one is capable of performing in a certain manner to attain certain goals
- Solution focused interventions
 - Focuses on solutions not problems
 - Techniques designed to motivate and support change



Role Play

- Let's practice the **FRAMES** model:
- Begin with **Feedback** Using Completed Screening Tools
- Emphasize that the patient can make a change but what she will do is up to her (**Responsibility**).
- Share at-risk drinking levels and give **Advice** about alcohol consumption techniques.
- Discuss a **Menu of Options** with the patient and help the patient decide what changes she can realistically make in relation to reducing consumption.
- Express an understanding of the patient's situation and acknowledge that change can be difficult (**Empathy**); endorse the idea that even small changes in the direction of risk reduction can be very beneficial.
- Express optimism that any change the patient can make will be a step on the path to achieving a larger, health-related goal. The key is to leave the patient with and increase in self-confidence (**Self-Efficacy**)



Referral to Treatment for Patients at Risk for Substance Dependence

Module 4



Referral to Treatment

- Approximately 5% of patients screened will require referral to substance use evaluation and treatment.
- A patient may be appropriate for referral when:
 - Assessment of the patient's responses to the screening reveals serious medical, social, legal, or interpersonal consequences associated with their substance use.

These high risk patients will receive a brief intervention followed by referral.



Referral to Treatment

- Always:
 - Follow appropriate confidentiality (42, CFR-Part 2) and HIPAA regulations when sharing information.
 - Establish a relationship with your community provider(s) and ensure you have a referral agreement.
 - Maintain a list of providers, support services, and other information that may be helpful to patients.
 - Reduce barriers and build bridges.

“WARM HAND-OFF” APPROACH TO REFERRALS

- Describe treatment options to patients based on available services
- Develop relationships between health centers, who do screening, and local treatment centers
- Facilitate hand-off by:
 - Calling to make appointment for patient/student
 - Providing directions and clinic hours to patient/student
 - Coordinating transportation when needed



Montana Resources

Department of Health and Human Services

Addictive and Mental Disorders Division

[The Chemical Dependency Bureau](#)

WHAT IF THE PERSON DOES NOT WANT A REFERRAL?

Encourage follow-up – at the point of contact

- At follow-up visit:
 - Inquire about use
 - Review goals and progress
 - Reinforce and motivate
 - Review tips for progress



Reimbursement for SBIRT

Payer	Code	Description	Fee Schedule
Commercial Insurance	CPT 99408	Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes	\$24.53
	CPT 99409	Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes	\$48.12
Medicare	G0396	Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes	\$38.00
	G0397	Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes	\$72.97
Medicaid	H0049	Alcohol and/or drug screening	Listed, not open
	H0050	Alcohol and/or drug screening, brief intervention, per 15 minutes	Listed, not open



Referral to Treatment

Montana

Year or FY Effective: SFY 2016

SBI Codes

SBI 99408: \$ Amount (CD Clinic)
\$24.53

SBI 99409: \$ Amount (CD Clinic)
\$48.12

SBI H0049: Listed/Not Open

SBI H0050: Listed/Not Open

Health and Behavior Assessment/Intervention (HBAI) Codes

HBAI 96151: \$ Amount (averaged)
\$16.84

HBAI 96152: \$ Amount (averaged)
\$15.90

HBAI 96153: \$ Amount (averaged)
\$3.80

HBAI 96154: \$ Amount (averaged)
\$15.61

HBAI 96155: \$ Amount (averaged)
\$18.63

Last Updated: July 1, 2015



Thank you for your time and attention!



Be sure to visit:
sbirt@attcnetwork.org

National Screening, Brief Intervention and Referral to Treatment
ATTC